



TRICARE Northwest – Regional 11

Prescribing Guidelines for the Treatment/Management of Onychomycosis

Recommendations:

1. Initial diagnostic workup should include:
 - a. History and physical exam.
 - b. Consideration of differential diagnosis to include psoriasis, lichen planus, nail trauma, and median nail dystrophy.
 - c. Positive potassium hydroxide (KOH) prep or culture to confirm diagnosis.
2. Initial management:
 - a. Education – Counseling should state that onychomycosis is often resistant to treatment, and that the recurrence rate following successful treatment is high. Patients should be issued the handout, “Preventing Recurrent Fungal Infection” (Encl.)
 - b. Toenails should be trimmed and filed. Extremely thick nails should be removed.
 - c. Dilute vinegar or bleach (2 capfuls in 2 quarts of warm water) should be used as adjuvant therapy for 20 minutes once a week.
3. Secondary management:
 - a. Systemic therapy:
 1. Indications: topical treatment failures in individuals who are “foot-at-risk” because of chronic vascular disease, diabetes (DM), or history of cellulitis in area of concern.
 2. Treatment of choice:
 - a. Terbinafine tablets 250mg QD for 3 months
 - b. Alternative: Itraconazole 100mg, 2 capsules BID with food for 7 days, repeated for 3 months in ‘pulse therapy’ fashion

NOTE: Liver function tests (LFTs) should be checked at baseline and 1 month into each of the above treatment regimens.
4. Indications for SPECIALTY CARE REFERRAL:
 - a. PODIATRY: Patients who need either temporary full or partial nail removal, extensive trimming, or permanent nail ablation as augmentation to their medication regimen. (NOTE: Currently referrals are to Dr. Driver, MAMC only)
 - b. DERMATOLOGY: Patients who do not respond to the above FDA approved therapy.
 - c. INFECTIOUS DISEASE: Patients who do not respond to the above FDA approved therapy.
5. Long-term management:
 - a. Follow guidelines in “Preventing Recurrent Fungal Infections”. These should be with the primary care provider.
 - b. Maintenance therapy – to minimize the chances of recurrence:
 1. Dilute vinegar or bleach soak should be used twice a month.
 2. Anti-fungal powder should be applied to shoes daily.



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Patient Information Bulletin
Preventing Recurrent Fungal Infections

Though we now have much better remedies for fungal rashes that occur on the feet, nails, groin, hands and other locations, there is a strong tendency for fungal infections to recur in many people.

A fungus is a superficial skin problem, not an internal one. It does not spread by going inside the body. It likes warmth and moisture, making certain parts of the skin more vulnerable. The tendency for fungus to recur in many adults, especially on the feet and toenails, is a genetic condition. Recurrence rate is very high, even after effective clearing with medication. Their skin cannot recognize the fungus as foreign and get rid of it. Sooner or later, the condition returns. A fungus sheds “spores”, a little like tiny seeds that wait for the right moment to grow into new fungus. The most common place for these spores to collect is in shoes. Therefore, after effective treatment, a fungus may recur quickly where spores are present. Fungus doesn’t care what color your socks are. White socks offer no advantage. Absorbent cotton or wool socks are best.

Prevention:

- Use the medicine completely and as recommended. The fungus may still be present long after it is no longer visible as a rash.
- Keep feet clean, cool and dry. Change socks. Wear shoes that “breathe” (ie, leather, rather than plastic).
- Avoid walking barefoot, especially in bathrooms, locker rooms, gyms, on carpeting, and in public bathing areas. Wear slippers or stand on a towel or piece of paper.
- Keep toenails short; cut straight across, removing parts of the nail that appear infected, but avoid ingrown nails. Use clean clippers when trimming normal nails.
- Family members and close personal contacts should treat any fungus infections they may have. Avoid trading back-and-forth.
- Apply an anti-fungal powder, like Zeasorb-AF to your shoes every day, to keep spores from growing.
- Discard old shoes, boots, slippers and sneakers. Do not share footwear with others.
- Make a dilute vinegar soak (2 capfuls plain white vinegar mixed in 2 quarts warm water) and soak your feet for 20 minutes once weekly or twice monthly.

Reference: Prepared by Jerry Eisner, M.D., and reviewed by T. Keith Vaughan, M.D., Assistant Chief, Dermatology Service, MAMC.

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